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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

]	CERTIFIED COPY	
	РНОТОСОРУ	
CX	CUS	CERTIFICATE OF STATUS
x	FILING	
	FOREVER YOUNG SUPPL CORPORATE NAME AND DOCUMEN	
(CORPORATE NAME AND DOCUMEN	T#)
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: FOREVER YOUNG SUPPLEMENTS INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

□ \$70.00 Filing Fee	 ☑ \$78.75 Filing Fee & Certificate of Status 	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
FRОМ: <u>D</u>	ANAE POZO	(Printed or typed)	
	Name 84 SW 17TH AVE		
<u>14</u>	Name 84 SW 17TH AVE AMI FL 33145	(Printed or typed) Address State & Zip	

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporate	tion shall be: FOREVER YOUNG S	UPPLEMENT	S INC
1484 SW 17TH AV MIAMI FL 33145	Principal <u>street</u> address	1484 S MIAMI I	Mailing address, if different is: W 17TH AVE FL 33145
ARTICLE III PURPO	DSE he corporation is organized is: ANY LA		IESS
			2020 JA SECRE TALLAH
ARTICLE IV SHARE The number of shares of	ES stock is: 1000 L OFFICERS AND/OR DIRECTORS		JAN 22 AM ID: 28 AM ISSEE FLORIDA
Name and Title	DANAE POZO, PRESIDENT	Name and Title	MARLA MORA, PRESIDENT
Address	· · · · · · · · · · · · · · · · · · ·	Address:	1484 SW 17TH AVE
	MIAMI FL 33145	_ _	MIAMI FL 33145
Name and Title:			:
Niggree and Title			
Address			:
		_	

Name ar	nd Title:	Name and Title:	
Addres	s	Address:	
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	DANAE POZO	_	
Address:	1484 SW 17TH AVE	_	
	MIAMI FL 33145	_	
<u>ARTICLE VII</u>	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	ADA F BRAVO	_	
Address:	650 NW 180TH TER STE 103		
	PEMBROKE PINES FL 33029	-	
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if (If an effective of filing.)	other than the date of filing: late is listed, the date must be specific and cann	. (OPTIONAL) of be more than five days prior or 90 days after the	
Note: If the date	inserted in this block does not meet the applicable ffective date on the Department of State's records	e statutory filing requirements, this date will not be listed a	
	and as registered against to appear coming of process.	for the above stated corporation at the place designated in t	
certificate, I am j	amiliar with and accept the appointment as registe	• •	
certificate, I am j	amiliar with and accept the appointment as registe	• •	
certificate, I am j	Danas Pozo Required Signature/Registered Agent	• •	
certificate, I am j	Tance Pozo Required Signature/Registered Agent	01/14/2020 Date true. I am aware that the false information submitted in	